

Attendance: Dr T.Djordjevic , F.Alhaddad, (H.P, M.M, J.R, S.D, S.J, M.V)

- **Repeat prescriptions:**

- ✓ Feedback regarding issues with repeat prescriptions
- ✓ Issues with adding items to online comment box when medication is not listed on repeat list online.
- ✓ TD addressed issue and now situation is better.
- ✓ TD advised the practice and the staff are indeed following national protocol and policy regarding prescriptions prescribing.

- **COVID lateral flow testing:**

- ✓ Positive feedback about introduction and usage.
- ✓ TD explained it is a national requirement for all staff members to test twice per week and report results on government website.
- ✓ TD explained test is 70% accurate.
- ✓ TD explained if patient is concerned about symptoms should instead do PCR test, which is 80% accurate.

- **COVID vaccination program:**

- ✓ Since December NKMC have been booking patients to St Charles and Violet Melchett.
- ✓ We have a commitment to PCN to provide doctors and administrators to ensure shared workload, which added a strain.
- ✓ Patients were booked for telephone appointments and face-to-face appointments when needed and most chronic diseases and GP work have been done. Normally GP work in terms of managing chronic disease has been paused nationally but we did not pause it we continued work.
- ✓ We have trainee doctors and a full time locum
- ✓ We are only vaccinating cohort 2-9 patients above 50 years old including clinically extremely vulnerable.
- ✓ IT systems are now smarter and is reflected in running of second dose vaccination showing to be smoother in terms of running process.
- ✓ Overall has not impacted much of practice work as it has previously in January or February aside from PPG meeting that had to be postponed to today.
- ✓ Question: Staffing structure and DNA rate for vaccination appointments?
- ✓ Answer: We had to employ extra member of staff to help with calling patients to invite for vaccination.
- ✓ DNA rate was reported as 10% across PCN.
- ✓ We created emergency list as defrosted vaccinations must be used within a certain period time so we had a backup list of patients who are interested so we can call them at very short notice.
- ✓ Patients who do not attend brought to our attention within 2 days
- ✓ This is either tasked to us or emailed and then it is addressed by admin staff who contacts the patients to get information about why they did not attend.
- ✓ Usually DNA reasons are reasonable, including not feeling well or not very sure and usually they will rebook at a later date.

- ✓ We overall had a very good response and met all national targets with 75% vaccinated for all cohorts with and 92% vaccinated who are over 80 years old, which is well beyond national target. We have therefore been very successful in encouraging our patients to take the vaccine.
- ✓ Question: Do we know at one time how many patients not been vaccinated yet?
- ✓ Answer: We use searches built into our systems and the patients are invited electronically mostly using a system called accuRx. We then have the vaccination sheet, which accuRx prepares for us. We enter the data on Pinnacle, which is a national data reporting platform. When data is entered on Pinnacle, takes 48 hours for it to be update.
- ✓ We search for patients who are not vaccinated on this system and recall them on a regular basis.
- ✓ Question: How closely have we been working with the council over the last year?
- ✓ Answer: The council tried their best. It has been very interesting to work with community partners including religious group. We did not really need to engage with religious groups because our cohort does not reflect the need to.
- ✓ The concerns we had were regarding sharing data as we have strict guidance within the NHS as to how and when to share.
- ✓ Concern was escalated to NWL and they feel that it is all safe and data share agreement will be signed by RBKC. We are quite happy with that and there is no reason why not to use their services if we need help.
- ✓ We reached national target so we do not need their help but we are signed up for that already.
- ✓ There has been a lot of work within religious communities
- ✓ Some practices have different cohort and took part in mosque vaccinations in what is called Pop up clinics but the attendance has been reported as poor.
- ✓ Equally, similar work has been done with Jewish populations around Holland park where Jewish doctors were speaking to community. Lots of work has been done to increase uptake.
- ✓ Question: Patient asking how they never got proactively contacted for first or second vaccination?
- ✓ Answer: Dr TD will look at notes regarding this. Will try to explain what happened although not necessarily will have an answer but reassured it has nothing to do with the patient's GP being on leave, as patients' needs are being fully met and we have a fully attending locum.
- ✓ This gives an illustration of how reliant we are on IT systems to support us. 90% of the time it works but when does not work it goes wrong.
- ✓ In each cohort we had a few cases that had been missed out mostly due to the sophistication of the searches
- ✓ We use in-built searches for that commissioned by NHS-England, nothing specific.
- ✓ Our PCN purchased another software called Ardens, which we use as well and we found that it is less sensitive we were missing a lot of patients specifically within age group cohorts so we stopped using that and we relied on SystemOne searches. Therefore, there had been few cases where for whatever unfortunate reasons patients were missed out. We run searches regularly and text to invite on a regular basis.
- ✓ In fact, we had calls from some patients who asked us to stop texting as they felt we were harassing them.
- ✓ In regards to the clinically extremely vulnerable cohort, this has been relooked by NHS-England. They have not provided a list yet of who they consider to be within this group the second time round. To overcome this, we have used the first list as it is much more comprehensive.
- ✓ Question: There is a lot of misinformation about the vaccine and the side-effects, especially recently with new information regarding AstraZeneca vaccine. What are we doing to address this?

- ✓ Answer: MHRA advice has been updated on 8<sup>th</sup> April. We have been advised to offer patients under 30 years of age an alternative where possible. A link has been found between the vaccine and Cerebral Venous Sinus Thrombosis (CVST). Potentially we have not seen as many cases is because we have not yet started this cohort.
  - ✓ The guidance has been revised. Complication is 1 in 250k, which is very rare. For that to be taken out of context and be used to discourage the population is very unhelpful.
  - ✓ At the vaccination centre, we now prescribe the vaccine right at the entrance where patients are asked few questions by the doctors and any queries are being answered at the time. We have at least one clinical director in addition to doctors to assess patients at entrance
  - ✓ The risk is not denied and our job is to provide medicine based information, but generally, complications related to COVID are much higher than one related to COVID vaccines.
  - ✓ Question: What is the advice for patients who had first vaccine of AstraZeneca and are under 30?
  - ✓ Answer: Can still go ahead and have second vaccine if they are happy to. We do not have data regarding mixing two types of vaccines and we need to rely on medical data but as soon as we know we will inform our patients.
  - ✓ We have started putting information on the website under COVID hub heading linked that is linked to the NHS website. This is refreshed as frequently as we can usually every 24-48 hours
  - ✓ Important to know that work is still ongoing and we have to be flexible to provide work for PCN and the NHS.
- **PCN and PPG:**
    - ✓ Question: Most patient do not have information about PCN to begin with?
    - ✓ Answer: Use members to spread the word
    - ✓ Present change more positively from patients point of view as usually suspicious to change
    - ✓ Something more proactive
    - ✓ Third year running and well established. Has major role in delivering healthcare at a large scale, example is current COVID vaccination program.
    - ✓ Plan is to create a website and explain exactly what PCN is about and get the practices to link to that website so that when patients use the practice website can easily see the icon to explain what PCN is.
    - ✓ Last year we had a lot of restrictions in managing paper work and the newsletters for example in terms of keeping them as paper copies, which we were used to doing in the past but now they all have to be in electronic format. For a small minority of patients its fine but vast majority tell us they do not know where to look for it or they are not interested. Much more influential if we have a paper copy to give them so that they acknowledged existence of it.
    - ✓ All moving to electronic format and the website is being worked on.
    - ✓ Long term 10 years' plan. 7 years before that is reformed.
    - ✓ We are always looking for new members. We did send a text at some point inviting patients to join. We will Ask patient to join as new members in the newsletter.
    - ✓ Regarding our next PPG meeting, we will have to see how next year goes but if we are still in a national emergency we will have to adapt our expectations but in general, second meeting in 6 months is fine.
  - **Newsletter:**
    - ✓ Suggestion from a patient regarding distributing the newsletter electronically as patients are not attending the practice much currently due to COVID restrictions.

- ✓ We will issue electronic newsletter and will send text message to patients with link to invite them to look at.
- ✓ Data sharing agreement restrictions as when patients do not elect to receive text messages only those agreed to receive will receive.
- ✓ Cannot send as email as we do not have enough data base or facility to bulk email patients. We can send as SMS instead. Quite an effective way of communication
  
- **My care my way**
  - ✓ They are an asset to our practice.
  - ✓ They are not helping us with COVID vaccination and are not commissioned to do that but their role is not limited and is ongoing with no plans to change that.
  - ✓ All patients over 65 are eligible to receive their care.
  - ✓ All patients clinically vulnerable would have been contacted for welfare check by My Care My Way and would have been graded in terms of kind of support needed.
  - ✓ Lots of work behind the scenes to support COVID crisis
  - ✓ Noticed that second lockdown patients were on side on 2 extremes, either not coping with bad mental health and while other patients were doing really well.
  
- **Conclusion:**
  - ✓ TD concluded meeting by informing PPG members that we will send them the meeting minutes and create the newsletter, which we will also email for feedback.